



SOCIAL SECURITY ADMINISTRATION

Refer To: [REDACTED]

Office of Disability Adjudication and Review
SSA ODAR Hearing Ofc
157 Church St, 22nd Fl
New Haven, CT 06510

Date: July [REDACTED] 2012

Notice of Decision – Unfavorable

I carefully reviewed the facts of your case and made the enclosed decision. Please read this notice and my decision.

If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (HA-520) or write a letter. The form is available at www.socialsecurity.gov. Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Please send your request to:

**Appeals Council
Office of Disability Adjudication and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255**

Time Limit To File An Appeal

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

See Next Page

Form HA-L76-OP2 (03-2010)

What Else You May Send Us

You or your representative may send us a written statement about your case. You should send your written statement **with your appeal**. Sending your written statement with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J).

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not appeal. If the Appeals Council reviews your case on its own, it will send you a notice within 60 days of the date of this notice.

When There Is No Appeals Council Review

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

New Application

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with my decision and you file a new application instead of appealing, you might lose some benefits or not qualify for benefits at all. My decision could also be used to deny a new application for benefits if the facts and issues are the same. If you disagree with my decision, you should file an appeal within 60 days.

If You Have Any Questions

We invite you to visit our website located at www.socialsecurity.gov to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

If you have any other questions, please call, write, or visit any Social Security office. Please have this notice and decision with you. The telephone number of the local office that serves your area is (866)331-5281. Its address is:

Social Security
150 Court St
Suite 415
New Haven, CT 06510-9918

Ronald J. Thomas
Administrative Law Judge

Enclosures:
Decision Rationale
Form HA-L39 (Exhibit List)

cc: Betty G Levy, Esq.
234 Church Street
New Haven, CT 06510

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

DECISION

IN THE CASE OF

CLAIM FOR

(Claimant)

Period of Disability and Disability Insurance
Benefits

(Wage Earner)

(Social Security Number)

JURISDICTION AND PROCEDURAL HISTORY

On January 31, 2011, the claimant filed a Title II application for a period of disability and disability insurance benefits, alleging disability beginning December 1, 2004. The claim was denied initially as well as upon reconsideration. Thereafter, the claimant filed a written request for hearing on October 28, 2011 (20 CFR 404.929 *et seq.*). The claimant appeared and testified at a hearing held before the undersigned Administrative Law Judge on [REDACTED] 2012, in New Haven, Connecticut. Attorney Betty G Levy represents the claimant.

It is noted for the record that the claimant filed a Title XVI application concurrently with his Title II application. The Title XVI application was granted as of the application date, January 31, 2011. The claimant only appealed his Title II application and it is only the Title II application that is properly before the undersigned ALJ (Exhibit 5B). The claimant was insured for Title II purposes through September 30, 2010. Thus, the relevant period at issue before the undersigned commences on December 1, 2004 (the claimant's alleged onset date) and ends on September 30, 2010. This period will henceforth be referred to as "the relevant period at issue".

All written evidence of record was submitted at least five business days before the date of the claimant's scheduled hearing (20 CFR 405.331(a)).

ISSUES

The issue is whether the claimant is disabled under sections 216(i) and 223(d) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

There is an additional issue whether the insured status requirements of sections 216(i) and 223 of the Social Security Act are met. As discussed above, the claimant's earnings record shows that the claimant has acquired sufficient quarters of coverage to remain insured through September

30, 2010 (hereinafter "the date last insured"). Thus, the claimant must establish disability on or before that date in order to be entitled to a period of disability and disability insurance benefits.

After careful consideration of all the evidence, the undersigned concludes the claimant was not under a disability within the meaning of the Social Security Act from December 1, 2004, through the date last insured.

APPLICABLE LAW

Under the authority of the Social Security Act, the Social Security Administration has established a five-step sequential evaluation process for determining whether an individual is disabled (20 CFR 404.1520(a)). The steps are followed in order. If it is determined that the claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, the undersigned must determine whether the claimant is engaging in substantial gainful activity (20 CFR 404.1520(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. "Substantial work activity" is work activity that involves doing significant physical or mental activities (20 CFR 404.1572(a)). "Gainful work activity" is work that is usually done for pay or profit, whether or not a profit is realized (20 CFR 404.1572(b)). Generally, if an individual has earnings from employment or self-employment above a specific level set out in the regulations, it is presumed that he has demonstrated the ability to engage in SGA (20 CFR 404.1574 and 404.1575). If an individual engages in SGA, he is not disabled regardless of how severe his physical or mental impairments are and regardless of his age, education, and work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the undersigned must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work (20 CFR 404.1521; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p). If the claimant does not have a severe medically determinable impairment or combination of impairments, he is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

At step three, the undersigned must determine whether the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, and 404.1526). If the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 404.1509), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the undersigned must first determine the claimant's residual functional capacity (20 CFR 404.1520(e)). An individual's residual functional capacity is his ability to do physical and mental work activities on a sustained basis despite limitations from his impairments. In making this finding, the undersigned must consider all of the claimant's impairments, including impairments that are not severe (20 CFR 404.1520(e) and 404.1545; SSR 96-8p).

Next, the undersigned must determine at step four whether the claimant has the residual functional capacity to perform the requirements of his past relevant work (20 CFR 404.1520(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA (20 CFR 404.1560(b) and 404.1565). If the claimant has the residual functional capacity to do his past relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g)), the undersigned must determine whether the claimant is able to do any other work considering his residual functional capacity, age, education, and work experience. If the claimant is able to do other work, he is not disabled. If the claimant is not able to do other work and meets the duration requirement, he is disabled. Although the claimant generally continues to have the burden of proving disability at this step, a limited burden of going forward with the evidence shifts to the Social Security Administration. In order to support a finding that an individual is not disabled at this step, the Social Security Administration is responsible for providing evidence that demonstrates that other work exists in significant numbers in the national economy that the claimant can do, given the residual functional capacity, age, education, and work experience (20 CFR 404.1512(g) and 404.1560(c)).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, the undersigned makes the following findings:

1. **The claimant last met the insured status requirements of the Social Security Act on September 30, 2010.**
2. **The claimant did not engage in substantial gainful activity during the period from his alleged onset date of December 1, 2004 through his date last insured of September 30, 2010 (20 CFR 404.1571 *et seq.*).**
3. **Through the date last insured, the claimant had the following severe impairment: anxiety (20 CFR 404.1520(c)).**

The undersigned notes for the record that it is only by giving the claimant the overwhelming benefit of the doubt that his anxiety is found to be a severe impairment under the *de minimis* standard of severity under the regulation. As discussed in detail below, there is evidence of only

very minimal treatment during the relevant period at issue. Contained within that minimal medical evidence is sporadic treatment or mention of the claimant's alleged longitudinal mental illness.

The undersigned also notes that the claimant has alleged disability based on back pain. As discussed in detail below, the medical evidence of record during the relevant period at issue clearly indicates that the claimant only received extremely sporadic care for his back pain. Further, the majority of that sparse treatment was received from a chiropractor without ongoing corroboration from a medical doctor. Lastly, the chiropractor notes indicate that the claimant actually did quite well with treatment.

4. **Through the date last insured, the claimant did not have an impairment or combination of impairments that met or medically equaled the severity of one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525 and 404.1526).**

The severity of the claimant's mental impairment did not meet or medically equal the criteria of listing 12.04. In making this finding, the undersigned has considered whether the "paragraph B" criteria were satisfied. To satisfy the "paragraph B" criteria, the mental impairment must result in at least two of the following: marked restriction of activities of daily living; marked difficulties in maintaining social functioning; marked difficulties in maintaining concentration, persistence, or pace; or repeated episodes of decompensation, each of extended duration. A marked limitation means more than moderate but less than extreme. Repeated episodes of decompensation, each of extended duration, means three episodes within 1 year, or an average of once every 4 months, each lasting for at least 2 weeks.

In activities of daily living, the claimant had mild restriction. In social functioning, the claimant had moderate difficulties. With regard to concentration, persistence or pace, the claimant had mild difficulties. There is no evidence of any extended periods of deterioration during the relevant period at issue.

Because the claimant's mental impairment did not cause at least two "marked" limitations or one "marked" limitation and "repeated" episodes of decompensation, each of extended duration, the "paragraph B" criteria were not satisfied.

The undersigned has also considered whether the "paragraph C" criteria would be satisfied. In this case, these criteria would not be met if the claimant stopped the substance use. The claimant does not have a documented history of a chronic affective disorder of two years with repeated episodes of deterioration, marginal adjustment, the need for a highly supportive living arrangement or the complete inability to function independently outside their home.

The limitations identified in the "paragraph B" criteria are not a residual functional capacity assessment but are used to rate the severity of mental impairments at steps 2 and 3 of the sequential evaluation process. The mental residual functional capacity assessment used at steps 4 and 5 of the sequential evaluation process requires a more detailed assessment by itemizing various functions contained in the broad categories found in paragraph B of the adult mental

disorders listings in 12.00 of the Listing of Impairments (SSR 96-8p). Therefore, the following residual functional capacity assessment reflects the degree of limitation the undersigned has found in the "paragraph B" mental function analysis.

5. **After careful consideration of the entire record, the undersigned finds that, through the date last insured, the claimant had the residual functional capacity to perform a full range of work at all exertional levels but with the following non-exertional limitations: he would be limited to performing simple, routine, repetitious work with one or two step instructions with only occasional interaction with the public, co-workers and/or supervisors.**

In making this finding, the undersigned has considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 404.1529 and SSRs 96-4p and 96-7p. The undersigned has also considered opinion evidence in accordance with the requirements of 20 CFR 404.1527 and SSRs 96-2p, 96-5p, 96-6p and 06-3p.

In considering the claimant's symptoms, the undersigned must follow a two-step process in which it must first be determined whether there is an underlying medically determinable physical or mental impairment(s)--i.e., an impairment(s) that can be shown by medically acceptable clinical and laboratory diagnostic techniques--that could reasonably be expected to produce the claimant's pain or other symptoms.

Second, once an underlying physical or mental impairment(s) that could reasonably be expected to produce the claimant's pain or other symptoms has been shown, the undersigned must evaluate the intensity, persistence, and limiting effects of the claimant's symptoms to determine the extent to which they limit the claimant's functioning. For this purpose, whenever statements about the intensity, persistence, or functionally limiting effects of pain or other symptoms are not substantiated by objective medical evidence, the undersigned must make a finding on the credibility of the statements based on a consideration of the entire case record.

A cursory review of the evidence of record reveals that the overwhelming majority of it refers treatment that was obtained exclusively well after the relevant period at issue. This includes Exhibits 12F, 13F, 14F, 23F, 26F, 27F, 28F, 29F, 30F, 31F, 32F, 33F, 35F, 36F, 37F and 39F through 44F. It is noted for the record that due to administrative error, Exhibits 25F, 33F, 35F and 38F are referenced on the Exhibit list as having medical evidence pertaining to the relevant period at issue. In actuality, these exhibits only contain fresh evidence of treatment after the relevant period at issue and any prior treatment notes are actually duplicative.

In 2004, the claimant received brief treatment for back pain at the Edward White Hospital for a few months. There was no mention of any mental illness and there is no indication of any further treatment at this facility. However, it is noted that the claimant sought intermittent treatment from a chiropractor for a "sore back" and which indicate that the claimant was "doing well with adjustments". (Exhibits 1F, 2F, 3F and 16F.)

Treatment notes from various providers indicate that during 2009 the claimant received sporadic treatment for various and sundry complaints such as dental issues, a cold, intermittent back pain, a fall off his bicycle, and such. In September 2009 the claimant was treated briefly for mental health issues when he self-reported a history of bipolar disorder with depression and two suicide attempts (and claimed falling off his bike was a suicide attempt). However, he was found to have only moderate mental health issues with a GAF of 65. There is no indication of any mental or physical condition present at that time that would render the claimant disabled. (Exhibits 4F- 8F and 17F through 19F.)

An assessment performed in June 2010 by Mr. William Lynne, a social worker, is not given any weight as there is no indication of a treating relationship. Mr. Lynn is not a doctor, it appears that the report was generated exclusively to assist the claimant in obtaining benefits, it is not supported by the overall evidence of record and it is not countersigned by a medical doctor. (Exhibits 9F, 15F, 20F, 24F and 34F.)

In August 2010 the claimant sought treatment at Associates in Neurology for self-reported complaints related to memory loss. It was noted that it had been recommended in the past that the claimant attend psychological counseling. These notes also reference the report of Dr. Lynne, which the claimant apparently submitted to support his complaints. He was given a diagnosis of an anxiety disorder and told to return for treatment. However, there is no evidence of any treatment beyond the initial visit. (Exhibits 10F, 11F and 22F.)

It is noted for the record that Dr. Theresa Greer support two reports on the claimant's behalf in which she opined that he was disabled by virtue of his mental illness and "probably" had been disabled since September 2009. Dr. Greer did not begin treating the claimant until 2011 and the overall record of evidence does not support a finding that the claimant was disabled in 2009. Dr. Greer's ambivalence in giving a definitive opinion of the claimant's disability in 2009 is taking as supporting the undersigned's finding that the claimant was not disabled prior to his date last insured. (Exhibit 31F.)

At the hearing the claimant testified that when he would wander from state to state, he would rent a storage space to store his belongings and stock up on necessities. He testified that he carries a laptop with him and uses it to research the best shelters available. The claimant testified that he knows how to connect with the WIFI system at various commercial establishments and testified that he maintained a Facebook page in the past but no longer does. The claimant testified that he coordinated his travel to Connecticut from Kentucky in 2009 by arranging transportation via Greyhound Bus

The undersigned finds that the overall evidence of record during the relevant period at issue does not support the claimant's allegations that he was disabled. He received minimal treatment for his mental or physical impairments, traveled from Florida to Kentucky without apparent difficulty. He was able to arrange resources, plan ahead and coordinate his travel plans. The claimant is not credible as to his allegations regarding disability during the relevant period at issue.

6. **Through the date last insured, the claimant was unable to perform any past relevant work (20 CFR 404.1565).**
7. **The claimant was born on April 15, 1976 and was 34 years old, which is defined as a younger individual age 18-49, on the date last insured (20 CFR 404.1563).**
8. **The claimant has at least a high school education and is able to communicate in English (20 CFR 404.1564).**
9. **Transferability of job skills is not an issue in this case because the claimant's past relevant work is unskilled (20 CFR 404.1568).**
10. **Through the dated last insured, considering the claimant's age, education, work experience, and residual functional capacity, there were jobs that existed in significant numbers in the national economy that the claimant could have performed (20 CFR 404.1569 and 404.1569(a)).**

In determining whether a successful adjustment to other work can be made, the undersigned must consider the claimant's residual functional capacity, age, education, and work experience in conjunction with the Medical-Vocational Guidelines, 20 CFR Part 404, Subpart P, Appendix 2. If the claimant can perform all or substantially all of the exertional demands at a given level of exertion, the medical-vocational rules direct a conclusion of either "disabled" or "not disabled" depending upon the claimant's specific vocational profile (SSR 83-11). When the claimant cannot perform substantially all of the exertional demands of work at a given level of exertion and/or has non-exertional limitations, the medical-vocational rules are used as a framework for decision making unless there is a rule that directs a conclusion of "disabled" without considering the additional exertional and/or non-exertional limitations (SSRs 83-12 and 83-14). If the claimant has solely non-exertional limitations, section 204.00 in the Medical-Vocational Guidelines provides a framework for decision making (SSR 85-15).

Through the date last insured, the claimant's ability to perform work at all exertional levels was compromised by non-exertional limitations. However, these limitations had little or no effect on the occupational base of unskilled work at all exertional levels. A finding of "not disabled" is therefore appropriate under the framework of section 204.00 in the Medical-Vocational Guidelines.

11. **The claimant was not under a disability, as defined in the Social Security Act, at any time from December 1, 2004, the alleged onset date, through September 30, 2010, the date last insured (20 CFR 404.1520(g)).**

DECISION

Based on the application for a period of disability and disability insurance benefits filed on January 31, 2011, the claimant was not disabled under sections 216(i) and 223(d) of the Social Security Act through September 30, 2010, the last date insured.

/s/ Ronald J. Thomas

Ronald J. Thomas
Administrative Law Judge

2012

Date

LIST OF EXHIBITS

Payment Documents/Decisions

Component No.	Description	Received	Dates	Pages
HO 1A	Initial Disability Determination by State Agency, Title II		07/19/2011	1
HO 2A	Initial Disability Determination by State Agency, Title XVI		07/19/2011	1
HO 3A	Disability Determination Explanation/DIB		07/19/2011	9
HO 4A	Disability Determination Explanation/SSI		07/19/2011	8
HO 5A	Reconsideration Disability Determination by State Agency, Title II		10/13/2011	1
HO 6A	Disability Determination Explanation/DIB		10/13/2011	8

Jurisdictional Documents/Notices

Component No.	Description	Received	Dates	Pages
HO 1B	Notice of Disapproved Claim - Concurrent		07/20/2011	4
HO 2B	Representative Fee Agreement		09/07/2011	1
HO 3B	Appointment of Representative		09/13/2011	1
HO 4B	T2 Disability Reconsideration Notice		10/13/2011	3
HO 5B	Request for Hearing by ALJ		10/28/2011	2
HO 6B	Withdrawal/Revocation of Representation		11/04/2011	1
HO 7B	Request for Hearing Acknowledgement Letter		11/10/2011	8
HO 8B	Appointment of Representative		02/22/2012	1
HO 9B	Hearing Notice		03/02/2012	15

HO 10B	Misc Jurisdictional Documents/Notices	03/02/2012	3
HO 11B	Misc Jurisdictional Documents/Notices		1
HO 12B	Appointment of Representative		1
HO 13B	Representative Fee Agreement		2
HO 14B	Representative Correspondence	05/23/2012	1
HO 15B	Notice Of Hearing Reminder		6

Non-Disability Development

Component No.	Description	Received	Dates	Pages
HO 1D	Application for Disability Insurance Benefits		05/12/2011	4
HO 2D	New Hire, Quarter Wage, Unemployment Query (NDNH)		01/30/2012	2
HO 3D	Detailed Earnings Query		01/30/2012	7
HO 4D	Certified Earnings Records		01/30/2012	2
HO 5D	DIBWIZ		01/30/2012	14

Disability Related Development

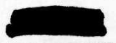
Component No.	Description	Received	Source	Dates	Pages
HO 1E	Disability Report - Field Office			to 05/12/2011	3
HO 2E	Work Activity Report EE			to 05/13/2011	10
HO 3E	Disability Report - Adult				11
HO 4E	Work History Report				11
HO 5E	Activities of Daily Living			to 06/23/2011	8
HO 6E	Activities of Daily Living			to 07/01/2011	4

HO 7E	Disability Report - Field Office	[REDACTED]	to 09/14/2011	2
HO 8E	Disability Report - Appeals			6
HO 9E	Statement of Claimant or Other Person			1
HO 10E	Disability Report - Field Office	[REDACTED]		2
HO 11E	Disability Report - Appeals			6
HO 12E	Work History Report			8
HO 13E	Activities of Daily Living			3
HO 14E	Medications			2
HO 15E	Request for Change in Time/Place of Disability Hearing		to 05/17/2012	1
HO 16E	Report of Contact		to 05/17/2012	1
HO 17E	Misc Disability Development and Documentation	YALE SURGICAL	to 04/30/2012	2
HO 18E	Work Background		06/18/2012 to	1
HO 19E	Recent Medical Treatment		06/18/2012 to	1
HO 20E	Medications		06/18/2012 to	1
HO 21E	Representative Correspondence		to 05/23/2012	1
HO 22E	Representative Brief		to 06/22/2012	10
HO 23E	Representative Correspondence	Attorney Betty Levy	to 07/06/2012	2

Medical Records

Component No.	Description	Received	Source	Dates	Pages
HO 1F	Hospital Records		Edward White Hospital	05/16/2004 to 06/17/2004	6
HO 2F	Hospital Records		EDWARD WHITE HOSPITAL	05/14/2004 to 08/22/2004	39
HO 3F	Office Treatment Records		FLORIDA CHIROPRACTO R	09/13/2004 to 09/01/2006	9
HO 4F	Emergency Department Records		ERLANGER HEALTH SYSTEM	to 05/02/2009	9
HO 5F	Emergency Department Records		Hutchenson Medical Center	to 09/19/2009	29
HO 6F	Hospital Records		HIGHLAND RIVERS CENTER	09/22/2009 to 09/29/2009	5
HO 7F	Emergency Department Records		Hutcheson Medical	09/19/2009 to 09/29/2009	10
HO 8F	Office Treatment Records		Chattanooga hamilton County Health Department	04/07/2009 to 10/01/2009	12
HO 9F	Office Treatment Records		William Lynne M.S., M.B.A.,	06/29/2010 to 07/08/2010	11
HO 10F	Office Treatment Records		Associates in Neurology	to 08/11/2010	4
HO 11F	Laboratory Test Report		Central Baptist Hospital Laboratory	to 09/03/2010	1
HO 12F	Hospital Records		YALE NEW HAVEN PSYCHIATRIC HOSP	03/29/2011 to 04/11/2011	12
HO 13F	Emergency Department Records		South County Hospital	to 10/04/2011	3

HO 14F	Hospital Records	Roger Williams Medical Center	to 10/10/2011	1
HO 15F	Medical Report/General	NAB Index Score Summary Table		17
HO 16F	Hospital Records	EDWARD WHITE	to 05/16/2004	6
HO 17F	Hospital Records	HUTCHESON MEDICAL CENTER	09/19/2009 to 09/21/2009	29
HO 18F	Office Treatment Records	HIGHLAND RIVERS	to 09/22/2009	3
HO 19F	Office Treatment Records	CHATTANOOG A HAMILTON COUNTY	04/07/2009 to 10/01/2009	12
HO 20F	Office Treatment Records	WILLIAM LYNNE MS MBA	to 07/08/2010	11
HO 21F	Office Treatment Records	TRAVIS WHITE PhD	to 07/08/2010	17
HO 22F	Office Treatment Records	ASSOCIATES IN NEUROLOGY	05/19/2004 to 08/11/2010	14
HO 23F	Emergency Department Records	YNHH	05/11/2011 to 06/02/2011	4
HO 24F	Office Treatment Records	CORNELL SCOTT	09/09/2009 to 07/27/2011	22
HO 25F	Hospital Records	HOSPITAL OF ST RAPHAEL	01/01/2007 to 12/13/2011	25
HO 26F	Medical Source Statement -Mental	DR GREER MENTAL RFC	to 01/10/2012	6
HO 27F	Office Treatment Records	SOUTH SHORE CENTER	10/06/2011 to 01/27/2012	33
HO 28F	Emergency Department Records	YALE NEW HAVEN HOSPITAL	07/20/2011 to 08/03/2011	95

HO 29F	Emergency Department Records	YALE NEW HAVEN HOSPITAL	07/28/2011 to 08/03/2011	95
HO 30F	Emergency Department Records	YALE NEW HAVEN HOSPITAL	07/28/2011 to 08/03/2011	95
HO 31F	Medical Consultant's Review of Mental RFC Assessment	Theresa GREER, M.D.,	to 03/07/2012	4
HO 32F	Office Treatment Records	SOUTH SHORE CENTER	02/02/2012 to 03/19/2012	6
HO 33F	Emergency Department Records	YNHH	01/01/2008 to 03/28/2012	95
HO 34F	Medical Report/General	HIGHLAND RIVERS CRISIS STABILIZATIO N PROGRAM	to 09/22/2009	1
HO 35F	Office Treatment Records	SCHOOL STREET DERMATOLOG Y	01/01/2007 to 05/14/2012	3
HO 36F	Office Treatment Records	CMHC	05/03/2011 to 08/04/2011	55
HO 37F	Office Treatment Records	PRIMA CARE INC	03/06/2012 to 03/16/2012	12
HO 38F	Emergency Department Records	 	01/01/2007 to 05/25/2012	18
HO 39F	Mental RFC Assessment	GENINE PECK CMHC	to 06/13/2012	4
HO 40F	Office Treatment Records	ST JOSEPH HEALTH SERVICES	to 05/21/2012	3
HO 41F	Radiology Report	LINCOLN RADIOLOGY	to 06/07/2012	1
HO 42F	Hospital Records	OUR LADY OF FATIMA HOSPITAL	05/01/2012 to 06/11/2012	10

YALE
SURGICAL to
COMPANY 06/15/2012

TEMPLE 01/23/2012 3
RADIOLOGY to
06/07/2012